

Appendix A
CMHC Provider Site Update Form

When possible, please use the Web form found at
<https://www.rdmc.org/cmhc/users/default.asp>

Most of the time, a Provider designates a specific address where services are performed. However, there may be several 'Providers' at the same address when multiple programs are housed at that address and the Regions want to use the Provider Site ID as a method to separate the services. Also, some services may be performed at homes, schools, courts or other non-regional sites. A Provider Site ID may be established to help identify a specific service and the address used may be the 'home' address of the service or the staff member providing the service.

Instructions: This form must be completed upon every addition, change, or deletion of a Provider / service site. After completing all of the items on the form, mail to:

Research & Data Management Center
2351 Huguenard Dr. Ste. 100
Lexington, KY 40503
Attn: RDMC Liaison

or FAX to 859-260-1682

Please allow 5 working days for the change to take effect.

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Your Name: _____ E-mail address: _____

Please check one of the following:

☐ New Site
☐ Change to Existing Site
☐ Removal of Site

Region Number: _____

Site ID: _____

Enter the existing site ID number, or specify a new one if you checked 'New Site' above.

Rules for Provider ID Numbers:

- 1) Numbers should have six (6) digits
- 2) The first two (2) digits should be the region number
- 3) The last four digits can be assigned by the CMHC as long as there is no duplication within the region.

Activation Date: _____

(Enter the date when the site was first licensed, sanctioned, or otherwise recognized to provide services)

Name of Site: _____

Location of Site:

County: _____

Street Address: _____

City: _____

Zip: _____

Phone: _____

FAX: _____

Mailing Address: (if different from site location):

Street Address: _____

City: _____

Zip: _____

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What types of services are provided at this site? (check all that apply)

Mental Health: ☐

Mental Retardation: ☐

Substance Abuse:

SA Treatment: ☐

SA Detox: ☐

SA Other: ☐ Please Specify: _____

If you checked Substance Abuse above, enter the Federal Inventory of Substance Abuse Treatment Services (I-SATS) ID Number. This number was formerly known as NIDA or NFR). I-SATS ID (if known): _____

If you do not know your I-SATS ID, or need an ID, check here: ☐

Site Director Information (if available):

Last Name: _____ First Name: _____

Title: _____

Phone: _____ Ext: _____

For the most current listing of the Provider Sites for your region, go to <https://www.rdmc.org/cmhc/users/default.asp> (your Region Report / Upload web page) and select the Provider Listing under the Reports drop-down box or contact your liaison at RDMC.